

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/884,284	
Filing Date	June 19, 2001	
First Named Inventor	Chang, Michael	_
Art Unit	2612	
Examiner Name	HENN, TIMOTHY J.	
Attorney Docket Number	018170-25 00US	

Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) X Amendment/Reply Petition Petition to Convert to a After Final **Proprietary Information Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify Extension of Time Request **Terminal Disclaimer** below): Return Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD The Commissioner is authorized to charge any additional fees to Deposit Remarks **Certified Copy of Priority** Account 20-1430. Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name nsend and Crew LLP Signature Printed name Ardeshir Tabibi Date Reg. No. 48,750 January 10, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

James Variables

Typed or printed name

Diane Hawley

Date January 10, 2005

JAN 1 3 2005

Effective on 12/08/2004. Scuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

For FY 2005

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TOTAL AMOUNT OF PAYMENT (\$) 60

Complete if Known				
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Attorney Docket No.	018170-25.00US			

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METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Accou	Deposit Account Deposit Account Number: 20-1430  Deposit Account Name: Townsend and Townsend and Crew LLP								
For the abov	e-identified depos	sit account, the Dire	ctor is here	eby authorized	to: (check all t	hat apply)			
⊠ Charge	fee(s) indicated t	elow		Char	ge fee(s) indic	ated below, excep	ot for the filing fee		
Charge	any additional fee	e(s) or underpaymer	nts of fee(s	) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	it any overpayi	monte			
	7 CFR 1.16 and 1 on this form may b	.17 ecome public. Credit	card inform				credit card		
information and author	ization on PTO-203	3		*****					
FEE CALCULATIO	-	EVALUATION I							
1. BASIC FILING,		EXAMINATION   G FEES		CH FEES	EXAMIN	ATION FEES			
_	<u>Sr</u>	nall Entity	S	mall Entity		nall Entity	Form Bold (A)		
Application Type	<u>e Fee (\$)</u>	<u>Fee (\$)</u>		Fee (\$)	Fee (\$)		Fees Paid (\$)		
Utility	300	150	500	250	200	100	<del></del>		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIN	1 FEES						Small Entity		
Fee Description Each claim over 20	or for Doigona	a aaah alaim aye	r 20 and	more than in	the original	natent	Fee (\$) Fee (\$) 50 25		
Each independent of	claim over 3 or.	for Reissues, eac	h indeper	ndent claim n	nore than in t	the original pate			
Multiple dependent		,	•			0 1	360 180		
<u>Total Claims</u>	Extra Clai		Fee I	Paid (\$)		Dependent Claim			
-20 e HP = highest number of t	or HP =		- =		<u>Fee (\$</u>	) <u>Fee Pald</u>	1 (2)		
Indep. Claims	Extra Clai	-	Fee I	Paid (\$)			—		
	or HP =	×							
HP = highest number of i		eaid for, if greater than	3						
3. APPLICATION		exceed 100 sheets	s of nane	r. the applica	tion size fee	due is \$250 (\$12	25 for small entity)		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S)							Fees Pald (\$)		
Non-English Specification, \$130 fee (no small entity discount)									
Other: One month extension60							60		
SUBMITTED BY A 1/1									
Signature	DIVCI			egistration No Attorney/Agent)	48,750	Telephone	650-326-2400		
Name (Print/Type) Ardeshir Taltiti Date January 10, 2005					uary 10, 2005				